PATENT APPLICATION FEE DETERMINATION RI Effective December 8, 2004									ORD	Application or Docket Number				
		CLAIMS A	(Column	(Column 2)				SMALL ENT	TTY OR.		OTHER THAN SMALL ENTITY			
U.S. NATIONAL STAGE FEES									RATE	FEE		RATE		FEE
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		1	BASIC FEE		OR	BASIC FEE	<u> </u>	మల	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100		All other situations = \$ 100 / \$ 200		1	EXAM FEE			EXAM. FEE		CO	
SEARCH FEE			U.S. is iSA = \$50/\$100  ALL other countries = \$200/\$400		All other situations = \$ 250 / \$ 500			SEARCH FEE	-		SEARCH FEE	Ť	4w	
FEE FOR EXTRA SPEC. PGS.			mini	/50 =				X \$ 125 =	٠,		X \$ 250 =			
TOTAL CHARGEABLE CLAIMS			5 minus 20 = .						X \$ 25 =		OR	X \$ 50 =	r	
INDEPENDENT CLAIMS			3 m	• -				X \$ 100 =		OR	X \$ 200 =			
MUL	TIPLE DEPEN	DENT CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =			
* If the difference in column 1 is less than zero, enter "0" in column 2							2	• (	TOTAL		OR	TOTAL	9	00
CLAIMS AS AMENDED - PART II  8 - 24 - 0 (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST							1 1	SMALL ENTITY			OTHER THAN SMALL ENTITY			
AMENDMENT A		REMAINING AFTER AMENDMENT	·	PREVIO	NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE TIONAL FEE		ONAL
	Total	•	Minus	••		-			X \$ 25 =		OR	X \$ 50 =	П	
	Independent	•	Minus	***					X \$ 100 =		OR	X \$ 200.=	$\prod$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+\$ 180 =		OR	+ \$ 360 =	П	
									TOTAL ADDIT. FEE		OR	TOTAL ADDIT.		
		40-h 41					:		•					
(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST								1 1		4001	1		_	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA			RATE	ADDI- TIONAL FEE		RATE	TIC	DDI- ONAL FEE
NOME	Total	•	Minus	••		=	8		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	•	Minus	***					X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+ \$ 360 =			
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE							
***	* If therentry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875 (Rev. 02/2005)